MERCER COUNTY SURROGATE'S COURT Diane Gerofsky, Surrogate **INFORMATION SHEET FOR ADMINISTRATION**

Circle the type of proceedings sought:

1. **General Administration Only**

 General Administration Only Administration Ad Prosequendum Only Both General Administration and Administration Ad Prosequendum 				
NAME OF DECEASED:		Date of Death:		
Residence of Deceased at Time of Death:(Indicate borough, township, town or city or county)				
		_		
Address of Admini				
No:			_ Telephone	
Attorney of Record			Telephone	
Address:				
<u>NAME</u>		MESTIC PARTNER AND NE RELATIONSHIP TO DECEASED	AGE IF	
	persons whose right to a in favor of the applicant:		al to that of applicant and who wil	
the Estate):	e of Real Property Passii	assing by Intestacy (exclude \$ ng by Intestacy (exclude ass \$	·	

Page 1 of 2 - Information Sheet for Administration

Rule to Bar Creditors?	(Yes) (No)
Number of Short Certif	ficates requested:
Date you wish Adminis	strator to qualify:
•	in the Trenton office to do administration? _ (No)
Is the administrator appearing a	at a satellite office? (Yes) (No)
Ewing Satellite Hamilton Satel Pennington Sa	llite atellite tellite

<u>PLEASE NOTE:</u> When making your appointment with the Surrogate's Court for a satellite office, kindly fax or return this information sheet together with **a copy of the death certificate** to this office at least 24 hours prior to the appointment:

MERCER COUNTY SURROGATE'S COURT P.O. BOX 8068 TRENTON, NEW JERSEY 08650 Fax: (609) 278-1242 Phone: (609) 989-6331

E-mail: dgerofsky@mercercounty.org

neglect or default of: